Appendix E. Evidence Tables for Key Question 1

Table E-1. Key Question 1 study design details

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| Author,Year | Research Objective  | Funding Source  | Geographic Location, Setting Type, Setting Description | Study Design  | Primary Outcomes | Measurement Intervals  | Other Notes  |
| Cox 20011 | Examine how consumers’beliefs and attitudes toward screening are affected by two specific message-design factors: (1) whether screeningconsequences are communicated with anecdotal evidence or statistical evidence and (2) whether these consequences are framed in terms of potential losses or potential gains. | Academic | USOther Social and volunteer organizations in a Midwestern metropolitan area. | RCT | Perceived likelihood of getting a mammogram | immediate posttest |   |
| Elder 2005,220063 | The present study examined two innovative lifestyle behavior change approaches to reduce dietary fat and to increase fiber. Analyses emphasized (a) whether personalized counseling via promotora plus tailored print materials used in an interactive format were more effective than tailored materials delivered in a distance learning format, and (b) whether these two innovations were more effective than standard off-the-shelf materials TARGETED (culturally) to a Latino population (controls).  | Government | USCommunity-based settingsSan Diego County, with dominant Latino populations  | RCT | Percent calories from fatNumber of daily grams of fiberTotal fatEnergyTotal saturated fatSoluable dietary fiberInsoluatable dietary fiberTotal carbohydratesGlucoseFructoseSucrose | Baseline, 12 week, and 12 month followups |   |

Table E-1. Key question 1 study design details (continued)

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| Author,Year | Research Objective  | Funding Source  | Geographic Location, Setting Type, Setting Description | Study Design  | Primary Outcomes | Measurement Intervals  | Other Notes  |
| Jibaja-Weiss 20034 | To evaluate the effectiveness of PF letters and PT letters of prompting communications. | Government | USClinical (In- and Out-Patient)Community health clinics in Houston, Texas, that provide care to underserved and low-income neighborhoods | RCT | Scheduling an appointment for screening and receiving screening services | 12 months after receiving the letter | Study was stratified by age and race |
| Myers, 20075 | To determine whether targeted and tailored interventions can increase colorectal cancer screening | Government | USAcademic health care institutions Large urban health care practice | RCT | Colorectal cancer screening | Baseline; 12 months after randomization; 24 months after randomization |  |
| Schneider 20016 | To examine the effects that differently framed and targeted health messages have on persuading low-income women to obtain screening mammograms. | Multiple [Funded by ACS and NCI] | US- though not explicitly statedCommunity-based settings Community health clinics and public housing | RCT (factorial design) | Self-reported mammography use at 6 months and 12 months [see note] | Baseline, immediate posttest, 6 month followup, and 12 month followup | Authors cite another study and say “self-reports were correlated reliably with reports in medical records” |
| Vernon 20087del Junco 20088 | To evaluate strategies to increase regular mammography screening | Government | USCommunity-based settingsNational Registry of Women Veterans | RCT | Self-reported likelihood of getting a breast cancer screening within 12 and 24 months after exposure to the letter | Baseline, year 1, year 2 | Actual survey times were between 6-15 months apart; also called Project HOME |

Table E-1. Key question 1 study design details (continued)

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| Author,Year | Research Objective  | Funding Source  | Geographic Location, Setting Type, Setting Description | Study Design  | Primary Outcomes | Measurement Intervals  | Other Notes  |
| Yu 20139 | To examine the effects of message frames when they are targeted to audience segments based on cultural differences, such as an individualistic or collectivistic orientation | Unspecified | US and Hong KongUniversity classrooms | Randomized trial | Cognitive response, perceived severity, perceived message effectiveness, attitude, behavioral intention | Immediate posttest |  |

**Abbreviations:** ACS=American Cancer Society; NCI = National Cancer Institute; PF = personalized form; PT = personalized tailored; RCT = randomized controlled trials; US=United States